



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ANESTHESIA ALLIANCE OF DALLAS, P.A.
JANET E. RANDOLPH, CRNA

Respondent Name

AIG PROPERTY CASUALTY CO

MFDR Tracking Number

M4-16-3705-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

AUGUST 12, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier has denied payment of the anesthesia code billed on this date of service stating payment is included in surgical procedure. The anesthesia service is to be paid separately from other procedures billed on this same date of service."

Amount in Dispute: \$1,172.89

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier paid \$157.21 for the above date of service per the Explanation of Bill Review forms attached. The forms also explain why the billed amount of \$3,150.00 was not paid."

Response Submitted by: AIG

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 15, 2016	Anesthesia Services CPT Code 01630-QZ	\$1,172.89	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 set out the fee guideline for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - Workers' compensation jurisdictional fee schedule adjustment.
 - The charge for the procedure exceeds the amount indicated in the fee schedule.
 - Separate payment is not allowed for an anesthesia service that a surgeon performs concurrently with a surgical procedure.

- The Anesthesia procedure is included in the Surgery procedure.

Issues

Is the requestor entitled to reimbursement for anesthesia services provided on March 15, 2016?

Findings

The requestor is seeking dispute resolution for anesthesia services, CPT code 01630-QZ rendered on March 15, 2016. Anesthesia services are applicable to the rules set out in 28 Texas Administrative Code §134.203.

The requestor contends that reimbursement is due because “The anesthesia service is to be paid separately from other procedures billed on this same date of service.”

On the disputed date of service the requestor billed the following services:

- 31575-59-Laryngoscopy, flexible fiberoptic; diagnostic,
- 01630-QZ -Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified; and
- 99135-Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure).

The respondent paid \$157.21 for code 31575-59 and \$0.00 for 01630-QZ and 99135. The requestor is only seeking dispute resolution for code 01630-QZ.

28 Texas Administrative Code §134.203(a)(5) states, “Medicare payment policies” when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”

28 Texas Administrative Code 134.203(b)(1) states, “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers’ compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

.According to the explanation of benefits the respondent denied reimbursement for CPT code 01630-QZ based upon “Separate payment is not allowed for an anesthesia service that a surgeon performs concurrently with a surgical procedure; and The Anesthesia procedure is included in the Surgery procedure.”

A review of the submitted Anesthesia Record indicates that the Dr. Johnson was the surgeon, and the anesthesia provider was Dr. Ramirez and J. Randolph, CRNA. Based upon this report, the anesthesia and surgery services were performed by different individuals; therefore, the respondent’s denial is not supported. This report also does not support the requestor’s billing for the anesthesiology service using the “QZ” modifier that is described as “CRNA service: without medical direction by a physician” because Dr. Ramirez was involved in providing the anesthesia service. The Division finds the requestor has not supported billing the “QZ” modifier. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	09/21/2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.